



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Funeral Service**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Commissioner

**SUPERVISOR APPROVAL FORM  
ATTACHMENT A**

Name of applicant: \_\_\_\_\_

Type of license/registration being applied for: ☐ Attendant ☐ Practitioner Trainee

Name of Funeral Establishment Employed By: \_\_\_\_\_

Address of Funeral Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License number of Funeral Establishment: \_\_\_\_\_

Telephone number of Funeral Establishment: \_\_\_\_\_

Practitioner responsible for the training/supervision of the applicant: \_\_\_\_\_

Practitioner's license number: \_\_\_\_\_

**If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:**

Name of Establishment	License Number
_____	_____
_____	_____
_____	_____
_____	_____

**THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.**

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: \_\_\_\_\_

Printed Name of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207)624-8626 (VOICE)

TTY users: call Maine Relay 711

FAX: (207)624-8637